

Kishwaukee College  
21193 Malta Rd  
Malta, IL 60150

# TRANSCRIPT REQUEST— High School

PLEASE USE INK PEN TO COMPLETE:

STUDENT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

STB SBE : \_ DAE : \_

CHD - SB TBT :  NOW  SEND TRANSCRIPTS AFTER GRADES SEMESTER 2024-25\_

MAIL TO (Please include complete mailing address):

\_\_\_\_\_ HIGH SCHOOL  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME AND ADDRESS:

\_\_\_\_\_ HIGH SCHOOL NO CHARGE  
\_\_\_\_\_  
INITIALS \_\_\_\_\_  
\_\_\_\_\_  
DATE MAILED \_\_\_\_\_  
\_\_\_\_\_  
COMMENTS \_\_\_\_\_

STUDENT TELEPHONE: \_\_\_\_\_

I AUTHORIZE KISHWAUKEE C